

## Monthly Benefit Premiums

July 1, 2006 to June 30, 2007	Monthly Premium	Full Time Employee (City Contribution)	Part Time & Job Share Employee (City Contribution)
<b>City of Scottsdale EPO Plan - Aetna Open Access Elect Choice</b>			
Employee Only	\$295.00	\$10.00 (\$285.00)	\$81.00 (\$214.00)
Employee & Child(ren)	\$535.00	\$50.00 (\$485.00)	\$171.00 (\$364.00)
Employee & Spouse/Partner	\$640.00	\$65.00 (\$575.00)	\$209.00 (\$431.00)
Employee & Family	\$915.00	\$100.00 (\$815.00)	\$304.00 (\$611.00)
<b>City of Scottsdale PPO Plan - MMSI (Mayo) Health Tradition</b>			
Employee Only	\$350.00	\$65.00 (\$285.00)	\$136.00 (\$214.00)
Employee & Child(ren)	\$650.00	\$165.00 (\$485.00)	\$286.00 (\$364.00)
Employee & Spouse/Partner	\$770.00	\$195.00 (\$575.00)	\$339.00 (\$431.00)
Employee & Family	\$1,120.00	\$305.00 (\$815.00)	\$509.00 (\$611.00)
<b>City of Scottsdale PPO Plan - Aetna Open Choice</b>			
Employee Only	\$285.00	\$0.00 (\$285.00)	\$71.00 (\$214.00)
Employee & Child(ren)	\$485.00	\$0.00 (\$485.00)	\$121.00 (\$364.00)
Employee & Spouse/Partner	\$575.00	\$0.00 (\$575.00)	\$144.00 (\$431.00)
Employee & Family	\$815.00	\$0.00 (\$815.00)	\$204.00 (\$611.00)
<b>HMO Dental Plan - Assurant</b>			
Employee Only	\$10.10	\$0.00 (\$10.10)	\$2.52 (\$7.58)
Employee & Child(ren)	\$22.62	\$12.52 (\$10.10)	\$15.04 (\$7.58)
Employee & Spouse/Partner	\$16.58	\$6.48 (\$10.10)	\$9.00 (\$7.58)
Employee & Family	\$26.56	\$16.46 (\$10.10)	\$18.98 (\$7.58)
<b>PPO Dental Plan - Delta Dental of Arizona</b>			
Employee Only	\$30.00	\$0.00 (\$30.00)	\$7.50 (\$22.50)
Employee & Child(ren)	\$54.00	\$24.00 (\$30.00)	\$31.50 (\$22.50)
Employee & Spouse/Partner	\$66.00	\$36.00 (\$30.00)	\$43.50 (\$22.50)
Employee & Family	\$90.00	\$60.00 (\$30.00)	\$67.50 (\$22.50)

## How to Change Your Benefits

Take some time to review all of the open enrollment benefit information and provider directories. Then decide if you want to change any of your benefits.

☒ **If you want to change your benefits**, mark your changes on your pre-printed enrollment form and submit it to Human Resources by Friday, May 5, 2006. If you need a form, one can be found at [www.ScottsdaleAZ.gov/jobs/benefacts/forms](http://www.ScottsdaleAZ.gov/jobs/benefacts/forms) or by calling (480) 312-7600.

☐ **If you don't want to change your benefits** do not send in a form. Your current benefits coverage will continue through June 30, 2007.



## Monthly Benefit Premiums

Short-term Disability Coverage		Supplemental Life Insurance	
Benefit per Week	Employee Cost	Employee's Age	Cost per \$10,000
\$100 Benefit per Week	\$6.80	Under 30	\$0.90
\$200 Benefit per Week	\$13.60	30 to 34	\$1.10
\$250 Benefit per Week	\$17.00	35 to 39	\$1.30
\$300 Benefit per Week	\$20.40	40 to 44	\$1.70
\$350 Benefit per Week	\$23.80	45 to 49	\$2.70
\$400 Benefit per Week	\$27.20	50 to 54	\$3.50
\$500 Benefit per Week	\$34.00	55 to 59	\$6.10
<b>How Can We Help?</b> Human Resources (480) 312-7600 or email <a href="mailto:hr@ScottsdaleAZ.gov">hr@ScottsdaleAZ.gov</a>  <b>¿Como Podemos Ayudar?</b> Por favor llamenle a Sue Sola al (480) 312-2777 si tiene alguna pregunta sobre su selección de beneficios.		60 to 64	\$7.90
		65 to 69	\$13.00
		70 to 74	\$21.50
		75 to 89	\$36.00
		Children Coverage per \$2,000	\$0.40

## Basic, Commuter & Supplemental Life Insurance

### Basic Life Insurance

As a benefited employee, you receive a basic life insurance benefit equal to one times your annual salary rounded up to the nearest \$1,000 through CIGNA Life Insurance.

### Commuter Life Insurance

The city also provides a \$200,000 life insurance benefit that will cover benefited employees while traveling on business and also while traveling to and from work.

### Supplemental Life Insurance

In addition to basic life insurance, you may apply to purchase supplemental life insurance coverage for yourself, spouse/partner and dependents.

- For yourself, you may purchase a maximum of \$300,000, in units of \$10,000. This amount cannot exceed five times your annual salary.
- For your spouse/partner, you may purchase up to a maximum of \$150,000, in units of \$10,000. Monthly premium rates for self and spouse/partner coverage are based on the employee's age.
- For your children, you may purchase up to the maximum of \$10,000, in units of \$2,000. Monthly cost is 40 cents per \$2,000 of coverage.

You must purchase additional life insurance on yourself or spouse in order to be eligible to purchase coverage for your children. Coverage is subject to the approval of CIGNA Life Insurance. You may apply for new coverage at any time, but must satisfy the insurability requirement. You may also make changes to current coverage at any time.

## Short-term Disability

Short-term disability coverage is an optional benefit that provides you with continuing income if you have a medically certified health condition and are unable to perform your job duties. The amount of short-term disability benefit that you receive is based on your selection of a weekly benefit, which cannot exceed 70% of your basic weekly salary. You can begin receiving short-term disability benefits once you have met the eligibility requirements and your accrued medical leave has been exhausted. Contact HR at (480) 312-7600 to file a claim.

Thirteen (13) weeks is the maximum number of weeks that short-term disability benefits are payable. You may wish to evaluate your leave balances on a recent paycheck to see if you need to carry this benefit.